

RHODE ISLAND SUPREME COURT
250 Benefit Street
Providence, RI 02903
401-222-3272 FAX# 401-222-3599

FOR 2005

ATTY. ID#

Make check with ID# included payable to:
SUPREME COURT DISCIPLINARY ACCOUNT

ANNUAL ACTIVE ATTORNEY
REGISTRATION FEE - \$200.00*
ANNUAL INACTIVE ATTORNEY
REGISTRATION FEE - \$50.00
(Due July 1, 2005)
LATE FILING FEE – ADDITIONAL \$125.00

NAME AND BUSINESS ADDRESS

*IN FULL OR SEMI-ANNUAL PAYMENT:
\$100.00 – DUE JULY 1, 2005
\$100.00 – DUE JANUARY 1, 2006

BUS. PHONE:

BUS. E-MAIL (*required*):

FAX NUMBER:

ALL ATTORNEYS PRACTICING LAW IN R.I. WILL RECEIVE CORRESPONDENCE AT THE ADDRESS LISTED ABOVE.

NOTE: If your firm maintains additional offices CHECK HERE ____ and list addresses on a separate sheet.

PLEASE TYPE OR PRINT LEGIBLY

RESIDENCE & TEL. NO.

DATE OF BIRTH:
PVT. E-MAIL (Opt.):

The following is a list of all jurisdictions other than RI in which I HAVE EVER BEEN LICENSED as a lawyer with the current status thereof:

CURRENT STATUS (Check one)

<u>Adm. Yr.</u>	<u>Jurisd.</u>	<u>Active</u>	<u>Inactive</u>	<u>Suspended</u>	<u>Disbarred</u>	<u>Other</u>
_____	State _____	_____	_____	_____	_____	_____
_____	State _____	_____	_____	_____	_____	_____
_____	State _____	_____	_____	_____	_____	_____

NOTE: THIS IS NOT TO BE CONFUSED WITH THE RHODE ISLAND BAR ASSOCIATION FORM.

SUPREME COURT OF RHODE ISLAND

ATTY. ID#

As an attorney engaged in the private practice of law in RI, I (or the firm with which I am associated) maintain the following accounts: (NOTE: Associates and *Of Counsel* attorneys must list full firm account information.)

CLIENTS' ACCOUNT

Account No:
Name of Financial Institution:

Address:

City:
State: ZIP:

BUSINESS ACCOUNT

Account No:
Name of Financial Institution:

Address:

City:
State: ZIP:

NOTE: DO NOT list more than one account in each space provided. If more accounts are maintained, CHECK HERE ____ and attach a list specifically identifying each account as a client or business account.

CERTIFICATION (TO BE COMPLETED BY ALL ATTORNEYS)

I certify that the information I have provided on this statement is true and correct.

DATE: _____ SIGNED: _____